

County of San Bernardino
Clerk of the Board of Supervisors
 385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
 (909) 387-3841 Fax (909) 387-4554
 Internet: www.sbcounty.gov/cob/



APPLICATION FOR FORTUNE TELLING BUSINESS LICENSE

Business Name: _____		Type: _____	
Physical Address: _____			
City: _____	State: _____	Zip: _____	
Mailing Address: _____			
City: _____	State: _____	Zip: _____	
Telephone Number: () _____	Parcel Number: _____		

Applicant's Name: First: _____	Last: _____	Date of Birth: _____
Home Address: _____	City: _____	Zip: _____
Telephone No.: () _____	Driver's License No.: _____	

Please list any partners involved in above named fortune telling business. Use additional sheet(s) if necessary.			
Business Partner's Name: First: _____	Last: _____	Date of Birth: _____	
Street Address: _____	City: _____	Zip: _____	
Telephone: () _____	Driver's License No.: _____		

I, the undersigned, hereby declare that I have carefully read the Sections of the San Bernardino County Code relating to this business; that I understand it thoroughly and will carry out every provision thereof; that to the best of my knowledge, I have complied with the zoning, building and safety, health and fire regulations as outlined. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license.

Date: _____ Signature: _____

County Use Only

Approvals are required from the departments listed below. These departments may require fees in addition to those fees required by the Clerk of the Board of Supervisors.

Building & Safety (909) 387-8311			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____		
Signature: _____	Title: _____	Date: _____	
County Fire (909) 386-8400			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____		
Signature: _____	Title: _____	Date: _____	
Environmental Health (909) 884-4056			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____		
Signature: _____	Title: _____	Date: _____	
Planning (Code Enforcement) (909) 387-4044			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____		
Signature: _____	Title: _____	Date: _____	

CLERK OF THE BOARD OF SUPERVISORS

Initial Application \$ 72.00	Date Received: _____	Accepted By: _____
Fee	Receipt #: _____	Deputy Clerk of the Board of Supervisors
Initial License \$190.00	Date Received: _____	Accepted By: _____
Fee	Receipt #: _____	Deputy Clerk of the Board of Supervisors